



LETTER OF INFORMED CONSENT

I parent/ legal guardian of _____ hereby give permission that he/she may take part in Psychometric assessments (Career Guidance/ Subject Choice) under guidance of Me. S. Janse van Rensburg (HPCSA Registered Psychometrist). I accept the following;

- ❖ All private information will be treated as confidential. Information will only be disclosed with the permission/consent of the parent/guardian.
- ❖ I am voluntarily making use of these Psychometric services. I am aware that I have the right to end these services at any time.
- ❖ That I have knowledge of the type of assessments that will be performed and am aware that psychometric assessment instruments will be used.
- ❖ I will receive (within 7 days from assessment) a complete written report of the assessment results and can also schedule a 1 hour personal feedback session.
- ❖ In case I will not be able/ available to receive feedback in person, I hereby give permission to receive the report electronically.
- ❖ I have been fully informed of the costs involved for the assessment services and that I will be held accountable for payment of services rendered.
- ❖ As client, I accept that it is my personal responsibility to consult with my own Medical Aid, concerning whether they cover psychometric services as well as the tariffs they are willing to pay, should I want to claim the costs incurred.

PARENT/GUARDIAN

DATE

CONTACT DETAILS

Cell: _____

Email: _____

(Please do communicate if anything is unclear)